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*A Study of
Children with handicaps and problems
in the Yukon Territory*

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Yukon Association for Children

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*A Study of
Children with handicaps and problems
in the Yukon Territory*

A Canada Works Project

Sponsored by the

Yukon Association for Children with Learning Disabilities.

Box 4884, Whitehorse, Yukon Territory.

JUNE 1978.

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ACKNOWLEDGEMENTS

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The Yukon Association For Children With Learning Disabilities

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FORWARD

This research project has been an exciting adventure for the members of the Yukon Association for Children with Learning Disabilities. For several years there had been discussion by the members on gaps in service. Our members are parents, mostly, and to them these gaps seemed obvious, because there were so few answers for their children within the Territory. We soon realized, however, that discussing and complaining was of little value in closing those gaps, if we couldn't support our suggestions with facts and figures.

Near the end of the 1976 - 77 term, the Association decided to try to do some research into just what the needs of children were in the Yukon, as well as finding out if those needs were being met. We knew this was a unique project, and that it would be unfortunate and unfair to expend so much energy, time, and money unless the research included all children in the Territory with any type of handicap or problem.

As a result the Yukon Association for Children with Learning Disabilities took on a new role for the year 1977 - 78. We broadened our interests from Learning Disabled Children to all children. We became the sponsor of a Canada Works Project, and the employer of 6 staff members. We became an active part of every community in the Yukon through public awareness campaigns, media coverage, and the interviewing done for the survey.

Yes, it was a very busy and exciting year. We hope now that the research has been completed, and the report written, and the recommendations made, that we will continue to get support from the public, the press, and the government in order to realize our ultimate goal: the creation of more complete and adequate care for our children - right here at home!

Yours for Children,

Sandra Nicholson
President 1977 - 78
Yukon Association for Children
with Learning Disabilities

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Available on request from Y.A.L.C.D. Box 4884 White

COMMUNITY	POPULATION (from Mini-Census 1976)	DISTANCE FROM WHITEHORSE	
		Miles	Kilometres
BEAVER CREEK	170	284	457
BURWASH LANDING	60	177	285
CARCROSS	700	46	74
CARMACKS	420	109	175
DAWSON	838	333	536
DESTRUCTION BAY	87	165	265
ELSA	350	281	452
FARO	1544	221	356
HAINES JUNCTION	268	98	158
MAYO	448	253	407
OLD CROW	224	494 (air mi.)	790
PELLE CROSSING	549	175	282
ROSS RIVER	376	360	224
TESLIN	241	114	183
WATSON LAKE	808	283	455
WHITEHORSE	15,305	-	-
TERRITORY	21,836		

INTRODUCTION

1. THE RESEARCH PROJECT

The project was conceived gradually, over a period of several years, by the members of the Yukon Association for Children with Learning Disabilities. One of their initial conceptions was that there was a need in the Yukon for a Children's Developmental Centre. In the summer of 1977, an application for a Canada Works Grant was made for funds to carry out a study on the needs for and feasibility of, such a Centre. The Grant was received, the office set up, and the staff hired by the end of December.

The project posed several challenges. We were directed to travel to every community in the Territory, to talk to as many parents and professionals as possible, and to write a report reflecting these efforts. The first challenge was our shoe-string travel budget - but such difficulties seem to always work out. The second challenge of obtaining the public's co-operation, also unfolded in our favour. The project benefited greatly by the willingness of people to talk with us. Many of these people said they were pleased to co-operate in hopes of contributing to something that could bring about more services for children in the Territory.

The research continued from January 1978, to May 1978, and the report was written in June 1978. There were 4 people doing the research, and they travelled from Old Crow to Watson Lake, and from Beaver Creek to Ross River, to complete the information.

2. THE QUESTIONNAIRE

The project manager, under the guidance of the Executive Members of the Yukon Association for Children with Learning Disabilities, developed the questionnaires. The questions were designed to determine what needs exist in the Territory, and if they warrant a Children's Developmental Centre. As well, the questions provided room for flexibility in kinds of problems being discussed, and the kinds of solutions the interviewees wanted to suggest. The information sought on family background was not necessarily a part of the questionnaire, but was included in the interview if the person was willing to give out such personal or confidential information.

In order to accomodate the different kinds of people to be interviewed, three questionnaires were developed. One was specifically for parents, and was used solely for people who were the actual parents of the child concerned. The second was for professionals and interested persons, and was used for interviewing anyone who wished to talk with us about children but who were not the actual parents. The third questionnaire was made up for the children themselves. However, only 3 children were interviewed, and so the data was not used in the report.

Copies of the Questionnaires are on file with the Yukon Association for Children with Learning Disabilities, and are available on request from them at Box 4884, Whitehorse, Yukon.

3. METHODOLOGY

It was decided that the questionnaire would be used as an interview guideline. The questionnaires were not mailed out to anyone, and no telephone interviews were carried out. The information gathered was the result of a personal interview between the researcher and the respondent. However, it should be stressed that every attempt was made to minimize the possibility of the researcher writing down his own interpretation of the comments made to him, or to lead the interviewee into his own thoughts on the matter. The researchers were well aware of the need to put aside their personal views, and just listen to what was being said to them - for the sake of accuracy in the survey.

The actual interviews were arranged in a number of ways. The professionals working in child-related areas were contacted by telephone, or letter if they were outside Whitehorse, and a time for the interview was set. Parents were more difficult to reach, and we relied on one interview leading us to another, our advertising, newspaper articles and radio broadcasts, as well as word of mouth, to help us find the parents. The other avenue made available to us through the Department of Education was to send letters home with every child in every school in the Yukon, and ask if the parent was interested in being interviewed for our survey. This was done, but the response in general was poor, and resulted in only twenty to thirty interviews.

4 LIMITATIONS OF THE SURVEY

The research was to include only children within the Yukon Territory. (However, it should be realized that children from some parts of northern B.C. utilize facilities in Whitehorse). In an effort to make sure everyone who wanted input in the survey was given the opportunity to do so, the researchers travelled to every community in the Territory, and the report includes data from: Beaver Creek, Burwash Landing, Carcross, Carmacks, Dawson City, Destruction Bay, Elsa, Faro, Haines Junction, Mayo, Old Crow, Pelly Crossing, Ross River, Teslin, Watson Lake and Whitehorse.

The information gathered was in reference to children who are 0 to 16 years of age. The maximum age limit was determined at 16 because currently there is a programme available at the Yukon Rehabilitation Centre for people over that age.

No limits were placed on who could be interviewed. If a person contacted us and was interested in expressing his views on children he knew, or on the needs of children in the Territory, we recorded his comments and information on a questionnaire. However, in the final stages of compiling the data, there was a small amount of censoring done in order to keep the comments relevant to the issue at hand.

It is difficult to estimate the percentage of the population that was reached by this survey. We feel that all categories of Professional people that could have had information for us, were included, and that enough persons within each category were interviewed in order to cover a very high percentage of the children concerned. We acknowledge that there are many more parents throughout the Territory, who have children with handicaps or problems, than we interviewed. Time, and opportunity, and knowledge of "who are the parents"

hindered us in reaching more of them, but we feel the sampling is adequate for our purposes of indicating parent's views on services etc. The major area that remained almost untouched by our researchers were native parents. Our attempts to actually interview native parents were often thwarted by the parents being "out on the Flats" (as in Old Crow), their inability to grasp the reason for our questions, or their lack of awareness of a problem in their child. These things occurred most frequently in the outlying communities. In Whitehorse we were able to interview several native parents.

In all, we enumerated 937 children - which, at a rough guess, is about 17% of the population of children in the Territory. In arriving at this number, we cross-checked all our information, and feel it is quite accurate. In order to avoid overlap (or counting one child more than once simply because several people we interviewed discussed him) we tried to obtain a name for each child. When the name was withheld for reasons of confidentiality, we tried to record as much other information as possible (age, community, problem, school, sex, professionals dealing with him, etc.) in order to identify the child. This method worked well, and in the final stages of the Project, we were able to compare notes on all the children, and come up with a figure that is not understated, not overestimated. Considering the broad range of professionals contacted during the survey, we feel that we have been informed of a very high percentage (perhaps 90%) of the possible number of children.

5. FUTURE GROWTH

It is wrong to believe that the numbers of children with problems or handicaps will decline due to families moving out of the Yukon in order to find adequate services. True, some do leave, but in amazing contrast, some move in! During the 6 month period that we conducted this survey, we became aware of two families that took up residence in the Territory in this time, and that each have a child with disabilities.

Considering the growth that is predicted for the Territory during the construction of the Pipeline in the near future, it is likely that the population of children who require special services will increase proportionately. According to information received from a spokesman from Foothills (Yukon) Ltd. (the company responsible for pipeline construction within the Territory), the peak construction period will be in 1981 and '82, when there will be approximately 3200 jobs. This was interpreted to us to mean a probable population increase of 9,000 to 10,000 people (considering two people applying for each job, and 1½ people accompanying each worker as family).

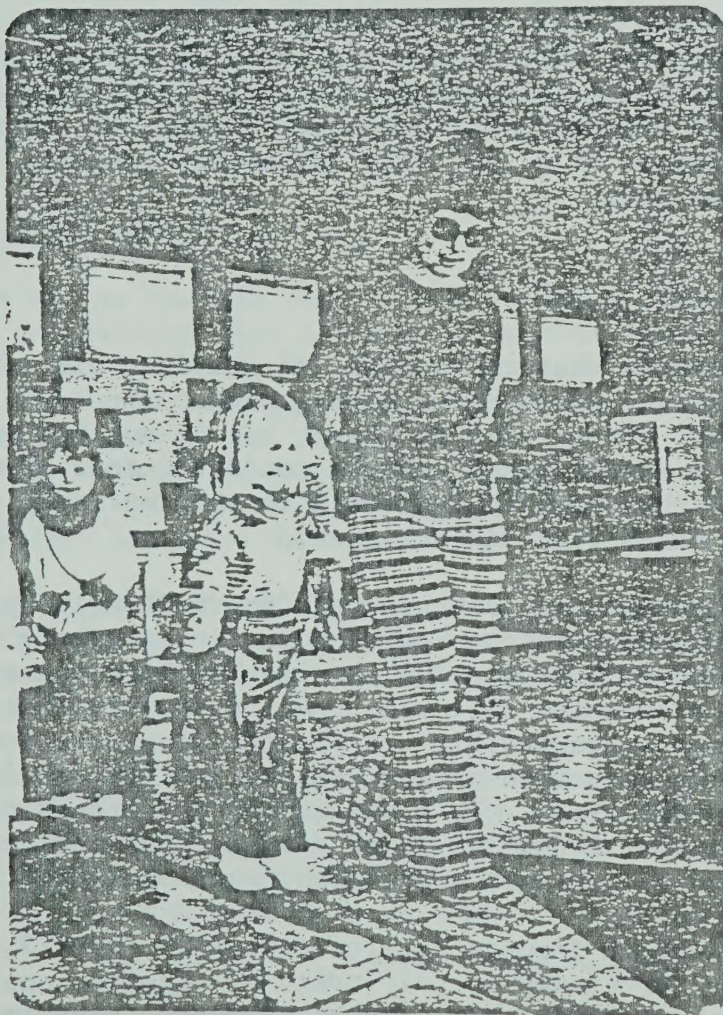
On Page 93 of the Lysyk Inquiry Report, published in 1977, the following remarks were made concerning Social Impact of pipeline construction:

"Where facilities or services need to be improved, pipeline construction will aggravate that need. We say, with certainty, that in-migration and the pressures associated with pipeline construction will increase the strain of existing facilities."

Aside from the dramatic changes that an event like the Pipeline may bring, the natural growth of the Territory, at a rate comparable to that of the last

10 years, is enough to show that the numbers will continue to increase.

An additional, but specific factor, that could be considered here is the current rise in the numbers of Fetal Alcohol Syndrome Children in the Yukon. The rise is not necessarily due to an increase in maternal alcoholism, but perhaps due to advances in medical awareness in how to keep these children alive. The pediatrician who visits Whitehorse regularly feels these children should be of major concern to us all, because a) they are now surviving infancy in greater numbers, b) they are born with greater frequency in the Yukon than in other parts of Canada, and c) they require highly specialized care and treatment programmes due to their multiplicity of problems, both mental and physical.



6. BRIEF SUMMATION

The report has been broken into three main chapters - one on The Children, one on the Services, and one for the Conclusions and Recommendations.

In looking at the Children, chapter 1 shows that 937 children were enumerated in this survey. 118 (12%) are pre-schoolers, and 819 (88%) are school-age children. The distribution according to the type of problems or handicaps each child has is as follows:

* 229 have Physical Handicaps	(24%)
57 are Mentally Retarded	(6%)
303 have emotional and behavioural problems	(32%)
385 are Learning Disabled or Slow Learners	(41%)
160 have delayed language development	(17%)
163 have poor social-skills development	(17%)

The high-incidence physical problems were found to be -

Fetal Alcohol Syndrome	- 43 children
Deaf, or Hearing Loss	- 43 children
Delay in Motor Development	- 40 children
Cerebral Palsy	- 16 children
Blind, or Loss of Sight	- 13 children
Seizures, or Epilepsy	- 12 children
Amputees	- 5 children

In looking at the Services available, and required, to properly care for these children, we divided Chapter 2 into four parts. Part one, in discussing responses to the questionnaires, showed that the general feeling of those interviewed was that the facilities in the Yukon were not adequate to fill the needs of the special children here. It is pointed out that many of the enumerated children are receiving some kind of assistance, but the degree of benefit from the current programmes is questioned. This may be due to insufficient staffing, the spreading of staff, budgets and facilities over general adult programmes, as well as children's programmes, or inadequately trained personnel being involved in the programmes. Comments such as these are included in Part 3 of the chapter, where a condensed list of all suggestions and thoughts told to us were listed. They relate directly with Part 2 - which discusses the existing services available in the Territory. The overall consensus of both parents and professionals is that the facilities and services need to be expanded. Some specific areas of concern are:

- a) the need for more qualified staff, and more programmes, testing and follow-up in the Special Education Department.
- b) the need for a team approach to Specialists' visits to areas outside of Whitehorse, and the need for a centralized, multi-disciplinary setting for testing and treatment of handicapped children within the Territory.
- c) the need for parental education and guidance in helping the family understand and help the child.

* The figures do not add up to 937, nor do the percentages add up to 100, because many children had more than one type of problem.

- d) the need for a Speech Therapist, or possibly two, who could travel throughout the Territory.
- e) the need for an Educational Psychologist to share the responsibility of testing and placement of children with the Supervisor of Special Education.
- f) the need for pre-school programmes for children - especially screening and remediation, and audio-visual-speech programmes.
- g) the need for lower student/teacher ratios.
- h) the need for more vocational training and life-skills programmes in earlier grades.
- i) the need for an educational curriculum in line with the North.

Part 4 of the second chapter deals with the issue of going outside of the Territory for services. Although this has been accepted practice for many years for Yukoners, most of the ones we talked to wanted to see this focus changed. Trips outside are expensive, cause family separations and emotional stress, and are often of limited benefit in the light of progress made by the child. It is pointed out that an assessment or diagnosis made outside is of little value if there is no programme in the Yukon in which he can participate in order to remediate his problem.

The dilemma for parents often becomes one of "Should we move to Vancouver (or wherever) in order to get help for Johnny?". It is time that such wrenching decisions be left in the past, and that the Territory provide for its children adequately and appropriately. If we fail to do so, these children will be lost to the Yukon, either because they grew up here and lacked the opportunity to develop to their full potential personally, socially, and vocationally, or because they moved from the Territory as youngsters in search of better care.

DEFINITIONS:

I. PROFESSIONALS INTERVIEWED

SOCIAL SERVICE PERSONNEL

CODE A.

For this report this category of professionals includes people who are actively employed in the broad field of helping people with social problems, and who therefore have either direct contact with children needing assistance, or knowledge about such children and their needs. For the purposes of this survey, this category specifically includes the following:

- group home parents
- social workers
- Maryhouse employee
- Native Community Workers and
- "Blade" programme workers
- Yukon Hall employees
- Family Services counsellors
- Community Workers
- Band counsellors & secretaries
- Boys and Girls Club employees
- Youth Centre workers
- Cross-Cultural co-ordinators
- C.Y.I. Representatives
- Rehabilitation Dept. (Y.T.G.) staff
- Rehabilitation Centre staff

A total of 37 people were interviewed in this category. (15 from Whitehorse, 22 from the rest of the Territory).

TEACHING PERSONNEL

CODE B.

For this report this category of professionals included all those people who instruct children, or help them learn through play or other activities. Our research involved:

- day care workers
- playschool staff
- regular classroom teachers
- Principals & Vice-Principals
- Special Education teachers
- Teachers of the Mentally Retarded
- Kindergarten teachers
- Tutors
- Gym teachers
- Guidance counsellors
- "Beaver" group leaders
- "Work Training Programme" personnel
- Substitute teachers

A total of 95 were interviewed in this category. (33 in Whitehorse, 62 in the outlying communities).

DEFINITIONS:

HEALTH PROFESSIONALS

CODE C.

For the purposes of this report, this group includes the various para-medical and health-oriented professions which would have contact with children. Specifically, the following personnel belong in this category:

Speech Therapists
 Physiotherapists
 Public Health Nurses
 Mental Health Nurses
 Pediatric Nurses
 Residence-based nurses
 Rural lay dispensers
 Cottage Hospital nurses

A total of 20 people were interviewed in this category. (8 in Whitehorse, 12 from other communities).

DOCOTORS

CODE D.

As is obvious by its title this category is for medical practitioners in the Territory. For our purposes, we have also included mental health personnel. Specifically, the group is made up as follows:

Psychologists
 General Practitioners
 Specialists (M.D.'s)

There were 15 people interviewed in this category. (11 of these were in Whitehorse, 4 in other communities in the Yukon).

R.C.M.P.

CODE E.

This category is very straight forward, and includes only persons who are employed in the Territory as Royal Canadian Mounted Police.

There were 5 people interviewed in this group. (1 was in Whitehorse, 4 in outlying communities).

CLERGY

CODE F.

The following members of the clergy participated in this survey:

1 Deaconess
 1 Anglican Church Minister
 1 United Church Minister
 1 Priest

A total of 4 people were interviewed. (All 4 were in Whitehorse).

INTERESTED PERSONS

CODE G.

This grouping was made up for the purposes of our research. It accommodates those who were neither the actual parents of a child being discussed, nor the professionals dealing with the child, but who were in some way involved with, or concerned about a child. We felt their input was as valuable as those in other categories, and so welcomed their participation.

DEFINITIONS

INTERESTED PERSONS cont'd

The types of people we talked to were:

a Juvenile Court Judge
 Store Managers
 a secretary at Human Resources
 a Minister's wife
 a janitor
 an airline agent

There were 8 people interviewed in this category. (1 was from Whitehorse and 7 from the rural areas).

II. PARENTS

CODE H.

This category, for the purposes of this survey, is restricted solely to those important people who are actual parents - either natural or adoptive - and who live day in and day out with the children discussed in this report. Group Home parents were not included here, but are part of the category "Social Services Personnel".

A total of 98 parents (all representing different families) were interviewed in the following areas:

Whitehorse	69
Faro	4
Old Crow	2
Dawson	4
Elsa	2
Burwash	1
Teslin	6
Watson Lake	5
Haines Junction	3
Upper Liard	1
Beaver Creek	1

III. CATEGORIES OF HANDICAPS

We felt the categories used in the questionnaires were broad enough to include any type of problem we would encounter in the interviews. The categories were not explained or interpreted to those interviewed. This allowed the interviewee to place the child in whichever category he felt was most applicable, based on his own knowledge. We acknowledge that this method does not provide complete consistency because the individuals' opinions were accepted as stated, even though some of those individuals were unqualified to diagnose or label a problem. In the case of the Parent interviews, their identification of the problem was usually the result of assessment by a professional, and so would be quite acceptable. Therefore, despite some acknowledged weakness in labelling, it appears that many children, who are seen as having problems, have no access to qualified professional assistance.

1) "Physical Handicaps" include any disability or condition which has a

DEFINITIONS:

III. CATEGORIES OF HANDICAPS cont'd

physical cause or manifestation, and is not noted in any of the other categories. This grouping includes such problems as Fetal Alcohol Syndrome, Cerebral Palsy, Auditory Loss, Visual Loss, Congenital Defects, Burns, Cleft Palate, Amputation, delay in Motor Function development, internal organ and glandular dysfunctions, Asthma, Epilepsy, Allergies, and paralysis.

2) "Mentally Retarded"

involves children whose functional mental level, or I.Q. is regarded as low enough to seriously impair their capacity to learn. All the children who were enumerated in this category were named either by the parent, a teacher, or a doctor, and thus we feel confident that this grouping is accurate. Down's Syndrome (or Mongoloid) Children are included in this category.

3) "Emotionally Disturbed and Behavioral Problems". These two groups are listed together because, according to the descriptions given to us by people interviewed, there were frequent difficulties in distinguishing them. Indeed, many children were said to be emotionally disturbed, but also displayed unacceptable behaviour and so would have been counted in each category even if we had kept them separate. The kinds of children who fit this grouping are ones exhibiting problems functioning at acceptable levels of behaviour or emotional stability for their age. Ones who have some known difficulties in their home, or childhood, and ones whose cultural differences have made adjustment difficult are also included in this category as children with problems arising from cultural and environmental factors.

Sub-categories to this group include the specific disorders of Hyperactivity, Autisism, and Alcohol Abuse. On the Individual Community Charts (available from the Sponsor), the numbers of children in each of these areas have been shown. Also, the chart "Problems Found - Whole Territory" in the Appendix, shows all sub-categories.

4) "Learning Disabled and Slow Learners". Again, two groups have been merged into one, this time because: a) it is often difficult, without extensive testing, to diagnose a true Learning Disability, and b) both labels describe a child having problems learning. Therefore, the children listed under this heading have been described to us as having difficulty learning things that are normally accepted as appropriate, or achievable, according to chronological age level, but who are not considered Mentally Retarded.

DEFINITIONS

III. CATEGORIES OF HANDICAPS cont'd

- 5) "Developmental Delay" refers to an observable lag in a child's development compared to the norm for his age. The category has been sub-divided into two areas - Social and Language Functions. A child included under "Delay in Language Functions" would be one who has problems in language skills, usually oral, and so is speaking at a level below that of his age group. Similarly, children in the category "Delay in Social Functions", are ones described to us as behind their peers in their ability to relate to others, or to perform within the norms set by the community.

IV. OTHER TERMS"Pre-school children"

-refers to children age 0 - 5 years.

"School-age children"

-refers to children age 5 - 16 years.

(For purposes of calculating school population figures, numbers of children in kindergarten to grade 10 were used).

"Identified"

-refers to children enumerated in this survey who were positively named.

"Unidentified"

-refers to children enumerated in this survey who were not named, but were described by their type of problem, age, and community.



The children are the most important part of this project. They are the reason it was done. The information in this chapter speaks for itself: the children with needs are numerous, their problems are serious.

Chart A is an indication of the distribution of children by community, showing the number of pre-school and school-age children enumerated in this survey (column 2 and 3), and the percentage of school-age children in each community that have problems or disabilities. Throughout this survey "school-age children" includes ages 5 - 16 only, i.e. Kindergarten to Grade 10.

The children enumerated in this survey are counted in columns 2 and 3 and subdivided into pre-school and school-age groups. The term "identified" refers to children who were either specifically named or described in full enough detail that we could recognize each as an individual. The "unidentified" category includes children who were indicated by interviewees by age, problem, and community, but not by name. As explained in the Introduction under Limitations of the Survey, we estimated that there has been no overlap of children in these categories.

The fourth column indicates the total number of children in each community with problems or disabilities that were discussed with us, and column 5 shows the number who are school-age. Column 6 shows the population of children age

CHART A.		DISTRIBUTION BY COMMUNITY					
1	2	3	4	5	6	7	
COMMUNITY	IDENTIFIED PRE- SCHOOL AGE	UNIDENTIFIED PRE- SCHOOL AGE	TOTAL WITH PROBLEMS	TOTAL SCHOOL-AGE WITH PROBLEMS	TOTAL SCHOOL POPULATION	% OF SCHOOL CHILDREN WITH PROBLEMS	
BEAVER CREEK	1	8	9	8	18	44.44%	
BURWASH LANDING		9*	9	9		*	
CARCROSS	3	4	7	4	27	14.81%	
CARMACKS	4	34	38	34	75	45.33%	
DAWSON	13	41	97	84	150	56.00%	
DESTRUCTION BAY (includes Burwash)	2		2		31	35.48%	
ELSA	4	9*	(11)*		55	14.55%	
FARO	7	20	76	69	302	22.85%	
HAINES JUNCTION	9	4	29	18	109	16.51%	
MAYO	3	29	37	34	135	25.19%	
OLD CROW	2	22	61	59	61	98.72%	
PELLY CROSSING	1	3	25	24	37	64.86%	
ROSS RIVER	1	21	22	21	86	24.42%	
TESLIN	1	12	42	41	85	48.24%	
WATSON LAKE	3	66	104	94	383	24.54%	
WHITEHORSE	44	250	367	312	3057	10.21%	
TOTAL							
(outside Whitehorse)	54	281	570	507	1554	32.63%	
TOTAL							
(Territory)	98	531	937	819	4611	17.76%	

* NOTE: 9 school-age children enumerated in Burwash who attend school in Destruction Bay, and (noted in brackets) are therefore counted in percentage in Destruction Bay.

5 to 16 in schools in the various communities as of April 1978. (These figures were given to us by the Department of Education.) The final column applies only to the school-age group, as we had no base figure for pre-school children in each community with problems, and therefore percentages could not be derived for them.

From Chart A, 937 children in total were enumerated by the survey. 819 (88%) of these are school-age, (312 in Whitehorse and 507 in other communities) and 118 (12%) are pre-schoolers (55 in Whitehorse, and 63 in the rest of the Territory). Of the total population of children in Yukon schools between the ages of 5 and 16, 17.76% of them are recorded here as having problems or handicaps.

Chart B on the next page, summarizes Chart A, and compares the data from Whitehorse to the rest of the Territory: 32.63% of school children in outlying communities were described to us as having a handicap or problem, compared to 10.21% in Whitehorse. The effect of this distribution is reflected in some of the comments made by people interviewed in outlying areas. For example, 18 parents and 56 professionals talked about the need for a team of professionals to visit communities outside of Whitehorse regularly and frequently, so that programmes for each child could be co-ordinated, and family involvement would be possible.

Chart B also shows the incidence of pre-school children with problems throughout the Territory. As with the school-age group, the larger percentage is in the outlying communities (53%).

As documented in Chart C, on page 16, Whitehorse schools have 66.3% of the total school population, and 38% of the children with problems. Schools outside Whitehorse have 33.7% of the school population, and 62% of the children with problems. This disproportionate split of the problems compared to population indicates a need for more services outside of Whitehorse than within it.

The survey enumerated 118 pre-school children having problems or disabilities. 53% (or 63) of them live outside of Whitehorse, and 47% (or 55) are in Whitehorse. Although we were unable to obtain any base figures on the population of pre-schoolers in the Territory, it might be assumed that, as in the school-age group, Whitehorse would have a larger base population, but smaller population of "problem children".

CHART B.		DISTRIBUTION COMPARISONS AND TOTALS			
1	2	3	4	5	6
	IDENTIFIED PRE- SCHOOL AGE	UNIDENTIFIED PRE- SCHOOL AGE	TOTAL WITH PROBLEMS	TOTAL SCHOOL POPULATION	PERCENTAGE WITH PROBLEMS
(SCHOOL-AGE TOTALS)					
OUTSIDE WHITEHORSE	281	226	507	1554	32.63%
WHITEHORSE	250	62	312	3057	10.21%
TOTAL IN YUKON	531	228	819	4611	17.76%
(PRE-SCHOOL TOTALS)					
OUTSIDE WHITEHORSE	54	9	63		53.00%
WHITEHORSE	44	11	55		47.00%
TOTAL IN YUKON	98	20	118		100.00%

CHART C. REGIONAL COMPARISON OF SCHOOL POPULATION
AND INCIDENCE OF PROBLEMS

AREA	CHILD DISTRIBUTION IN SCHOOLS	POPULATION	PERCENTAGE	PROBLEM DISTRIBUTION IN SCHOOLS	# CHILDREN w. PROBLEMS	PERCENTAGE
WHITEHORSE		3057	66.3%		312	38.1%
OUTSIDE WHITEHORSE		1554	33.7%		507	61.9%
TOTAL		4611	100.0%		819	100.0%

As shown in Chart D, there were 937 children in the Yukon enumerated in this Survey as having problems of some description. This number has been broken down by community, and by type of problem. Columns 2 to 6 do not add up to the figures in Column 1 because a proportion of the children reported to us had more than one kind of problem. The raw figures used in this chart show that 60.8% of the total 937, are in outlying communities, 39.2% are in Whitehorse. The three major areas of concern after Whitehorse are Watson Lake with 11% of the children, Dawson City with 10%, and Faro with 8%.

From the point of view of the incidence of the various categories of handicaps, Physical Handicaps account for 17%, Mental Retardation for 7%, Emotional and Behavioural Problems for 23%, Learning Problems for 29%, Language Delay for 12% and Social Functions Delay for 12%.

A comprehensive description of each community, showing the numbers of identified and unidentified, pre-school and school-age children in each category of handicap, has been prepared in chart form. If your interest lies in a more detailed analysis than shown in Chart D, then please request a copy of the Individual Community Charts from the Sponsor .

To point out the incidence of specific categories of problems in both pre-schoolers, and school-age children, Chart D.D. has been included. It shows totals for the whole Territory, for Whitehorse only, and for the communities outside Whitehorse.

67% of pre-schoolers enumerated have physical problems of some sort, and 31% show developmental delays. In addition, 16% of them have emotional or behavioural problems, 9% were said to be mentally retarded and 6% have learning difficulties. Of the total number of problems evident in this group, 42% are in Whitehorse, while 58% occur in the outlying communities.

This same ratio coincidentally occurs in the school-age group, that is, 42% of the problems are found among children in Whitehorse, and 58% are in the rest of the Territory. However, physical handicaps are not the major problem area in this group, involving only 18% of the children surveyed. Instead, Learning Problems is the largest category, counting for 46% of the children. This is likely due to the fact that most learning-related problems do not become obvious until the child reaches school, while physical problems are easily observable in the child at any age, and so may be considered the child's only problem at the pre-school level.

34% of the school-age children noted had emotional or behavioural problems, and the same number showed developmental delays in either language or social functions. Only 7%, fortunately, were designated as mentally retarded.

In both the pre-school and school-age sections of Chart D.D., the total number of problems indicated exceeds the total number of children included in the survey. This illustrates the multiplicity of problems in many children, and it is the result of one child being counted once in each category that applied to his particular problems and handicaps. For example, a school-age child, described to us as having a loss of sight in one eye, emotional problems, and difficulty learning at his regular grade level, would have been counted once in each of the three appropriate categories (i.e. Physical Handicaps, Emotional Problems, and Learning Problems).

CHART D. COMMUNITY	SUMMARY OF PROBLEMS FOUND -- BY COMMUNITY						
	CATEGORY OF PROBLEMS						3
	1 NUMBER OF CHILDREN w. HANDICAPS PROBLEMS	2 PHYSICAL HANDICAPS	3 MENTALLY RETARDED	4 EMOTIONALLY DISTURBED & BEHAVIOURAL PROBLEMS	5 LEARNING DISABLED & SLOW LEARNER	6 DEVELOPMENTAL DELAY LANGUAGE FUNCTIONS	
BEAVER CREEK	91	3		4	5		3
BURWASH LANDING	9	1		3	6	3	1
CARCROSS	71	4		1	1	1	
CARMACKS	38	17	4	9	16	4	6
DAWSON	97	23	3	35	30	20	16
DESTRUCTION BAY	2	1		1			
ELSA	12	6	2	4	7	2	2
FARO	76	14	5	23	25	2	15
HAINES JUNCTION	29	7	1	6	9	6	7
MAYO	37	4	3	8	27	3	14
OLD CROW	61	4	1	43	14	2	11
PELLY CROSSING	25	2	1	24	25	1	
ROSS RIVER	22	11	1	6	4	9	
TESLIN	42	6	1	5	14	24	4
WATSON LAKE	104	31		19	62	18	36
WHITEHORSE	367	95	35	112	140	65	48
TOTAL RURAL	570	134	22	191	245	95	115
TOTAL IN YUKON	937	229	57	303	385	160	163

CHART D.D. DISTRIBUTION OF PROBLEMS IN PRE-SCHOOL AND SCHOOL-AGE CHILDREN

PRE-SCHOOLERS (0-5years)		TOTAL IN SURVEY = 118				TOTAL FOR TERRITORY		WHITEHORSE ONLY		OUTSIDE WHITEHORSE	
		# OF CHILD-REN	% OF SURVEY	# OF CHILD-REN	% OF SURVEY	# OF CHILD-REN	% OF Y.T.	# OF CHILD-REN	% OF Y.T.	# OF CHILD-REN	% OF Y.T.
PHYSICAL HANDICAPS		80	67%	37	46%	43	54%				
MENTALLY RETARDED		11	9%	4	36%	7	64%				
EMOTIONAL & BEHAVIOURAL PROBLEMS		20	16%	11	55%	9	45%				
LEARNING PROBLEMS		8	6%	2	25%	6	75%				
DEVELOPMENTAL DELAYS		37	31%	12	32%	25	68%				
TOTAL		156		66	42%	90	58%				

SCHOOL-AGE (5-16 years)		TOTAL IN SURVEY = 819									
PHYSICAL HANDICAPS		149	18%	58	39%	91	61%				
MENTALLY RETARDED		46	6%	31	48%	33	52%				
EMOTIONAL & BEHAVIOURAL PROBLEMS		283	34%	101	36%	182	64%				
LEARNING PROBLEMS		377	46%	138	37%	239	63%				
DEVELOPMENTAL DELAYS		285	34%	101	35%	184	65%				
TOTAL		1140		429	42%	729	58%				

EXPLANATION: Line 1 There are 80 pre-school children in the Yukon Territory with Physical Handicaps; they represent 67% of pre-school children in the survey; 37 of them are in Whitehorse, (which is 46% of the total 80); and 43 are outside Whitehorse (which is 54% of the total 80).

As shown on the Chart, 118 pre-schoolers were included in the survey and 156 problems were found. Therefore each child has 1.32 problems, or it is possible that 19 pre-school children have two problems each, or 13 have three problems each. This kind of breakdown does not need to be exact in order to show that many children require a multi-faceted programme.

Similarly, the school-age group has 819 children in it, and 1140 problems were identified. This means that each child has 1.39 problems, or possibly 160 children have two types of problems, or that 107 children have three problems. Again, the point of these figures is that many children would benefit from care by various types of professionals, or from a team approach to their treatment or programmes because of the diversity of needs in each individual child.



CHAPTER 2.

SERVICES

So far, the actual problems, and numbers of children involved, have been stated. The next area is: what are the needs of these children with problems. This is a difficult area to deal with, because each of the 937 children we know about, as well as numerous others throughout the Territory that escaped our researchers, has his own individual needs that will differ in some way from every other child's.

In carrying out the interviews, the parents and professionals to whom we talked made many suggestions for programmes and services as a result of the needs that they saw in children throughout the Territory.

PART I. Responses to questions as asked on the questionnaires.

1) General Facility Adequacy

The general over-all consensus of the people interviewed in this survey was that the facilities and services in the Yukon are not adequate to meet the needs of our children.

The comment "our facilities are inadequate to meet present and future needs" was mentioned in similar wording by 4 Social Service Personnel, 1 person from the Health Professions, 1 R.C.M.P., 1 Clergyman, and 2 parents. As well, in answer to the question "Do you feel our present range of facilities and services for handicapped or problem children in the Yukon is adequate?", the response from a total of 183 Professionals was: 4% said adequate

54% said inadequate

and 28% did not reply, or didn't know.

Of interest is the response from the Teaching Category, which showed that 63% of them felt services were inadequate.

2) Kinds of Facilities Parents want.

On the parent questionnaire, the types of services seen as needed for their children were established by a multiple choice question: "Check the kind(s) of facilities that would best help your child". The responses were often multiple, indicating a lack of programmes in many areas, as well as a desire on the parents' part to see a multi-disciplinary approach to their child's care. Here are the responses: N = 98 (N being the base figure)

Exercise Programmes	- 28%
Special Teachers	- 61%
Doctors (Specialists)	- 44%
Parents or family Counselling	36%
Child Counselling	- 29%
Children's Diagnostic Centre-	53%
Children's Treatment Centre	- 48%
Other (suggestions made by parents themselves):	
Speech Therapist	- 15%
Hearing Assessments & Facilities	- 4%
Parent Participation in Programmes	- 4%
Parent Education Programmes	- 8%
Early Screening	- 8%

Educational Psychologist	- 9%
Smaller classroom populations	- 8%
* Better Assessment Facilities	- 7%
* Better follow-up after Assessments	- 5%

* refers to Medical & Educational Assessments and follow-ups.

3) Central Facility and Team Approach.

There was frequently recorded a desire to see a centralized facility which would be both diagnostic- and treatment-oriented, and be staffed by a team of professionals who could deal with many kinds of handicaps or problems. In conjunction with this, a common suggestion was that there be a team approach taken to visits made to the outlying communities, in order to better co-ordinate each child's programme, and that this team could possibly be the "mobile division" of the centralized facility. The types of professionals that were seen as valuable to such a team, and suggested to us mostly by parents from rural areas are: - a Pediatrician; a Speech Therapist and Audiologist; a Physical/Occupational Therapist; a Special Teacher qualified to assess children; a Psychologist; a Dietician; a Dentist; an Optometrist.

The breakdown of interviewees who expressed these views on a multi-disciplinary approach is: 9 Social Workers, 17 Teachers, 4 from Health Professions, 3 Doctors, one Interested Person and 11 Parents.

4) Negative thoughts.

The reverse of such opinions were expressed by 2 Doctors, who felt that the Yukon's population is too small to support any more services, and that people who choose to live in small, isolated communities should not expect to have a lot of services available to them.

Also, the parents of 2 families whose children are being sent out of the Territory for special programmes indicated that they did not want their children treated and educated in the Territory unless standards were the same as that presently being received outside the Territory.

5) Assistance, and Benefit Derived.

Despite the declared inadequacy of present services available to Yukon children, there are many who are currently involved in some type of programme. The existing services available under the three general divisions of Educational, Medical and Social, are described later in this chapter; now, we will discuss the types of assistance being given to children as described by the respondents.

835 children were enumerated through Professionals. Of these, 87% were said to be receiving assistance, and that the main sources of assistance are:

(N = 835)

The family doctor	- 9%
Psychologist	- 6%
Public Health Nurse	- 8%
Physiotherapist	- 3%
Special Education Programme	- 24%
Remedial Tutor	- 11%
Social Welfare Programme or Person	- 25%

Medical Specialist	- 9%
Probation, R.C.M.P. or Corrections Officer	- 4%
Native Programme	- 4%
Regular Classroom Teacher	- 10%

In response to the question "Do you feel most or few children are benefitting from the service?", 45% of the professionals said MOST were benefitting. However, 47% also said the MOST of these children need additional programmes.

The parent questionnaires indicated that of the 102 children (none of these are counted in the group reported by professionals) 59, or 58%, are currently receiving assistance. Response to the question "Is there anything being done at present to assist your child?", showed that the types of assistance being received are: (N = 102)

at home, by the parent	- 44%
in a Special Education programme	- 35%
by regular classroom teachers	- 10%
by visiting medical specialists	- 15%
by a physiotherapist	- 4%
by a psychologist	- 4%
by "other"	
including daycare centres, social workers, and R.C.M.P.	- 6%

In rating the value of the assistance given to their children, parents answered the question "How do you feel about the help being given?", as follows: (N = 98)

very beneficial	- 21%
somewhat helpful	- 29%
not much use	- 5%
making things worse	- 2%
needs something different	- 17%
don't know	- 26%
	<u>100%</u>



6) Communication.

Parents were asked "Do you feel communication between professionals concerning your child is : good, satisfactory, poor, non-existent, or don't know?". They responded as follows: (N = 98)

Good	19%
Satisfactory	16%
Poor	26%
Non-existent	9%
Don't know	30%

Obviously, the largest number quite honestly did not know how well professionals exchange information about their children, but a notably large number (26%) said that the communication was poor. Many parents commented on this aspect of care, stating that more consultation and co-operation among those involved in a child's programme would help provide a more consistent approach to the programme as well as increase everyone's understanding of the problem. 3 parents mentioned specifically that government departments and doctors were the major culprits in not passing information back and forth, and 6 parents expressed a need for better communications within the Department of Education. This latter comment specifically meant that full reports on children should be given to the incoming teacher each new school year, and that records of assessments by Special Education personnel should be available to the parents and teacher of the child.

Concerning the communication between professionals and parents, 4 parents offered the comment that it was quite poor. In specific response to the question posed to parents on this topic in the questionnaire, the response was as follows:

in relation to parents	DOCTORS N = 73	TEACHERS N = 91	SPEC. ED. PERSONNEL N = 5	HEALTH WORKERS N = 26	SOCIAL WORKERS N = 11
a) willingly explained their impressions on their own initiative	35 (48%)	43 (47%)	3 (60%)	15 (58%)	6 (55%)
b) explained their impressions when you asked for them	20 (27%)	28 (31%)	2 (40%)	4 (15%)	1 (9%)
c) have never explained their impressions to you	18 (25%)	20 (22%)	-----	7 (27%)	4 (36%)

Concerning professionals attempts to include the parents in any way in a programme for the child, the response was:

d) have tried to include you in a programme for your child	31 (42%)	40 (44%)	-----	17 (65%)	7 (64%)
e) have not included you in a programme for your child	35 (48%)	51 (56%)	5 (100%)	9 (35%)	4 (36%)
f) not applicable	7 (10%)	-----	-----	-----	-----

Most parents interviewed were very interested in being involved in the programme set up for their child - and in answer to our question as to whether the parents would be able to participate in their child's programme, 80% said YES.

Many of those who said NO did so because they were single-parents, and employed full-time.

Professionals indicated generally that communication among them about children involved with them in programmes was fair-to-good. In answer to our question on this, "Is the communication between yourself and other professionals involved...." (N = 184)

51% said GOOD
16% said FAIR
19% said POOR
and 14% did not respond.
100%

5 Teachers, 2 Social Workers and one person from the Health Professions agreed with the parents that more information needed to be passed on to the new teachers at the start of each school year so that school-children would benefit from the teacher's knowledge of existing problems. Again in line with the parents' comments, the need for better records of assessments, improved follow-up after assessments, and availability of information on assessments was expressed by 22 Teachers, 3 Social Workers, 2 Doctors, and 3 R.C.M.P. Officers.

In other areas of communication between professionals, the following were said to need improvement:

- a) generally, between Whitehorse personnel and those in other communities. - 5 Teachers, one Health Professional
- b) between doctors and R.C.M.P. - one Doctor
- c) between School personnel and the Department of Indian Affairs and Northern Development. - 2 Teachers
- d) between Social Workers and Teachers. - 4 Teachers
- e) between school personnel and families. - one Teacher
- f) between Teachers and Department of Education Personnel - 8 Teachers

There were many opinions expressed concerning exchange of information between various government departments. The most frequent was that channels be opened to make the process easy and quick for the benefit of the child involved. 12 Social Workers, 3 Teachers, 7 of the Health Profession, and one Doctor voiced this comment.

7) Response to Sponsor-Suggested Programmes

In developing the questionnaire, we responded to input from the members of the Yukon Association for Children with Learning Disabilities by including a section on programmes recommended by them. We asked the professionals for their personal feelings on 5 specific programmes, and the numbers in favour are as follows: (N = 184)

- a) a registry of high-risk infants - 67%
- b) early identification and intervention programmes - 75%
- c) pre-school programming for handicapped children - 70%
- d) parental involvement in programmes - 77%
- e) use of volunteers in programmes - 69%

There were certain reservations expressed, as well as supportive comments made, that should be noted. In regards to the Registry of High-Risk Infants, 2 Social Workers and one person from the Health Professions were concerned about labelling; one Teacher said it would only be of value if there were specific follow-up programmes included; and 2 Social Workers said it was vital to have the parent's consent.

On Early Identification and Intervention, one R.C.M.P., in saying he was in favour, added that it would be an aid in determining child abuse; one Teacher disagreed with the idea, saying it may give teachers preconceived pictures about the children; and one Social Worker mentioned that such a programme would need an efficient follow-up plan.

Relating to Pre-school Programming for Handicapped Children, one person from the Health Professions said it must have qualified personnel; 3 Teachers and one Social Worker were against early institutionalization and questioned such a Programme; and one Teacher felt programmes for the handicapped should be integrated with regular programmes.

One Social Worker, one Health Professional, and one Doctor felt that Parental Involvement in Programmes was especially important because of the extra benefits to be reaped by the child when the parent and/or family participate in the programme.

The most criticized of the programmes was Use of Volunteers because, from past experiences, many professionals doubt the value of such programmes. Even many of the people that said they were in favour, did so with reservations. Three Social Workers, 8 Teachers, 4 from Health Professions, one Clergyman and one Interested Person said volunteers should be used only if they are capable, well-trained and supervised, because they are frequently unreliable, inconsistent in attendance, and unsure of their tasks. The feeling that volunteers should be used in limited ways only was expressed by 3 Teachers and one R.C.M.P.

8) Vocational Potential

We realized that, although our survey included only up to 16 years of age, the opportunities open to people with handicaps or problems after that age should interest us all. From the many suggestions made to us, it was evident that vocational counselling and training was a major concern of many people. We asked the question "Do you feel the Vocational Potential of these children would improve if additional services became available?", on the Professional Questionnaire. Of 184 professionals,

54%	said YES
25%	said NO
7%	did not know
and 14%	gave no response.

It seemed to be a difficult question to answer because of the number of variables involved (i.e. types of handicaps, mental and emotional status of individuals, job market and acceptability by employers etc.), but the overall impression given when discussing this matter was that many handicapped people would have a greater chance of financial independence and employability if there were more services and programmes available to them.

CHAPTER 2 - PART II.

EXISTING SERVICES

We accumulated the ideas and suggestions given to us by interviewees concerning existing services, and the need for additional services, and tabulated them into departmental responsibilities. We then endeavored to obtain descriptions of existing programmes from the various departments involved. We specifically asked each spokesman about the programmes that we knew had been criticized or recommended by our survey participants in an effort to clarify their concerns.

The descriptions in this section are based on the discussions we held with personnel from the Department of Education, the Department of Health and Human Resources, the Department of Indian Affairs and the City of Whitehorse, Recreation Department. As well, people from the Mental Health Office, and the Medical Profession, the Physiotherapy Department at Whitehorse General Hospital, and the Public Health Clinic were consulted.

a) The Department of Education.

According to information given us by the Department of Education, there are 23 schools within the Territory. 8 are in Whitehorse, and consist of 1 high school (grades 9 to 12); 2 junior highs (one with grades 6 to 9, one with grades 8 and 9); and 5 elementary schools (kindergarten to grade 7). The 15 in the rest of the Territory are divided as follows:

- 4 with kindergarten to grade 12 (Mayo, Dawson, Watson Lake, and Faro)
- 4 with kindergarten to grade 10 (Carmacks, Haines Junction, Teslin and Ross River)
- 2 with kindergarten to grade 9 (Clinton Creek and Old Crow)
- 3 with kindergarten to grade 8 (Beayer Creek, Elsa and Destruction Bay)
- 2 with kindergarten to grade 6 (Pelly River and Carcross)

In the school year 1977 - 78 there were 18 Special Education Teachers in the various schools in the Territory. We were told that the school year 1978 - 1979 this number will be increased to 22 - 15 in Whitehorse and 7 in the schools in the other communities. The distribution will be:

WHITEHORSE		OUTSIDE WHITEHORSE	
Jeckell	3	Mayo	2
Jack Hulland	2	Faro	2
Whitehorse Elementary	4	Watson Lake	2
F.H. Collins	3	Dawson City	1
Selkirk	2		
Christ the King Elementary	$\frac{1}{2}$		
Christ the King High	$\frac{1}{2}$		

A spokesman for the Department of Education explained that Special Education Teachers include: a) learning assistance teachers, b) teachers who work with the educable mentally retarded, c) teachers in readiness programmes, and d) teachers in work experience programmes (pre-vocational). The Department policy was stated to be to hire the best available people. However, it is not necessary for a teacher to have specialized training in order to teach a Special Education Class.

If a regular classroom teacher suspects a problem, the child is referred to a learning assistance teacher who is qualified to do assessments. Not every school has a learning assistance teacher. If additional testing is required,

or if the school has no one qualified on staff, then a referral may be made to the Supervisor of Special Education. When we asked about mainstreaming, we were told this policy will continue. Mainstreaming was explained to us as an educational plan which infuses children with problems into regular classrooms. The regular classroom teacher is then responsible for assisting the child with the problem except for short periods when the child is taken out of the class in order to deal more specifically with his problem. Remedial Tutors are not used past grade 4. The Department is not currently considering re-hiring an Educational Psychologist.

For the mentally retarded, a separate class at Whitehorse Elementary has been run by the Yukon Association for the Mentally Retarded for many years. This past February, another staff member was hired, and a programme for pre-school mentally retarded children was begun that involves 3 children. After elementary school, if the person is 16 years or over, he could be eligible for a programme at the Yukon Rehabilitation Centre; if he is under 16 there are segregated classes available at Jeckell Junior High.

There are pre-vocational classes in Whitehorse at 3 schools (F.H. Collins, Whitehorse Elementary and Jeckell Junior High). Outside Whitehorse, some form of pre-vocational training exists in Mayo, Faro, Watson Lake and Destruction Bay. There is no screening of pre-school children by the Department of Education to determine readiness for school entry, and there are no pre-school programmes under the Department (except as mentioned for the Mentally Retarded).

The turnover of teachers in the rural areas is gradually decreasing. While declining to discuss pupil/teacher ratio, a Department spokesman advised of the following entitlement figures:

schools outside Whitehorse	- 17 : 1
schools in Whitehorse,	

kindergarten to grade 7	- 25 : 1
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grades 8 and 9	- 24 : 1
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grades 10, 11 and 12	- 20 : 1
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Entitlement figures reflect the ratio between the number of students and the total number persons holding a teacher's certificate in a school, which would include the librarian, principal and vice-principal.

b) Medical Services

There are relatively few programmes within the scope of the Medical Services which are concerned solely with children. Therefore in most of the services described below, it is wise to keep in mind that the staff, time, and equipment available are being shared with everyone in the Territory.

So far as the teaching of hygiene, nutrition and childcare is concerned the present Public Health Programme appears to be centred on pre-natal classes and home visits by a Public Health Nurse up to the time the baby is 3 months old, followed by well-baby clinics. In some outlying areas some Public Health Nurses make use of films to assist in public education. We were told that Public Health believes that the schools teach health and hygiene.

Immunization programmes, and hearing and visual testing are done by Public Health Nurses in all the schools several times during the school-life of children. The tests are screening devices, and if problems are noted, referrals to doctors are made. Hearing tests are conducted on small mobile machines without the benefit of a sound-proof room. When the position of Speech Therapist for

the Territory was filled, the Therapist then told us that even with her more sophisticated equipment for testing hearing there was no adequate place for her to do the assessment.

The Mental Health Programme in the Territory is under the wing of the Federal Government and includes a Psychiatrist, Psychologist, and a Mental Health Nurse. They are located in Whitehorse and travel outside of Whitehorse as the need arises. We were advised by a staff member that there is always a need for more personnel and that with the present staffing only a small percentage of the general population is reached. (It was suggested that this could be because the general population is not aware that the services are available.) Previously, contact was made through the Public Health Nurse, a Doctor, or a school for assistance, but now the parent is encouraged to make direct contact with the mental health office in order to shorten the time between the request for and the giving of assistance. There are presently no established on-going children's programmes but work with children does occur when such a referral is made.

There are 21 Doctors practising in Whitehorse including 2 Specialists, (1 Gynecologist and 1 Surgeon). Outside Whitehorse there are 7 Doctors (all General Practitioners), located at Watson Lake, Dawson, Mayo, Elsa, Clinton Creek, and 2 in Faro. A number of Specialists visit Whitehorse on a regular basis (usually once every 3 months) but make no professional visits to the outlying areas. These Doctors are: an eye-specialist; an ear-nose-and-throat-specialist; a pediatrician; an internist; and a orthopedic specialist. Persons needing to see these specialists must attend the clinic in Whitehorse on a referral from their regular doctor. The specialists come individually, not as a team.

Whitehorse General Hospital has about 110 beds for in-patients and is divided into 4 wards - Medical, Pediatric, Surgical, and Maternity. There are out-patient services available in Emergency, the Laboratory, the X-Ray Department, and the Physiotherapy Department. The Pharmacy provides a Chronic Disease Control programme.

In Whitehorse there are 3 Physiotherapists - two employed at the Hospital, and one in Private Practice. The one in Private Practice reports that no children are treated there. The two at the Hospital make trips to the outlying areas 2 or 3 times a year to see people who can be given directions for home treatment or to arrange for treatment at the hospital. As well, they provide care for in-patients and out-patients at the Whitehorse General Hospital.

c) Social Services.

There are 2 categories of staff in the Human Resources Branch. One is the Social Worker, who is a qualified, university-trained professional. The second is the Social Service Worker who has been trained on the job, and acts as an aid within the Department. A spokesman of the Branch said the communities were covered as follows: Whitehorse - 10 Social Workers

- 2 deal directly with youth
- 6 deal with children through family involvement
- 3 Social Service Workers
- 2 Native Social Service Trainees.

Dawson and Watson Lake - 1 full-time resident Social Worker each
 - 1 resident Social Service Worker

Faro - 1 resident Social Worker who covers Ross River
 Carcorss - 1 part-time, resident Social Service Worker
 - coverage by Social Worker for South Highway

Teslin - coverage by Social Worker for South Highway
 Haines Junction, Destruction Bay, Burwash and Beaver Creek
 - coverage by Social Worker for North Highway
 Carmacks - 1 Social Service Worker from Whitehorse
 Mayo - 1 resident Social Worker, who covers Elsa

Juveniles are now the responsibility of the Department of Human Resources, including the Youth Services Centre at Wolf Creek, and Juvenile Probation.

There are Group Homes at Dawson, Mayo and Watson Lake, each having a capacity of 6 to 8 children and in Whitehorse there are 2 regular Group Homes and one home for handicapped children.

Yukon Hall is operated by the Department of Indian Affairs for children attending school in Whitehorse who normally live in the outlying areas.

Recreation programmes and facilities are the responsibility of each community, with assistance coming from the Yukon Territorial Government. It is not known if any programmes are offered for handicapped children outside of Whitehorse, but the City of Whitehorse offers swimming one evening a week for such children. There are at present no qualified persons available to offer specialized programmes, although the Recreation Department of the City of Whitehorse has said they are prepared to meet shown needs if such personnel become available. There are regular summer camps for children but those children with problems or handicaps have to fit in if they are to attend. There is no specialized summer programme for such children except what is done by the house parents at the Yukon Territorial Government home for the handicapped in Whitehorse. An example of such a programme is the participation of children from that home in the Special Olympics this year.

There are 12 bands in the Yukon and a number of them have hired people as Cross-Cultural Co-ordinators and Social Development Workers. These positions were explained to us by a staff member in the Department of Indian Affairs: Cross-Cultural Co-ordinators are essentially problem-solvers who try to create harmony and understanding between the band and school, parent and child, teacher and student, (they sometimes serve on or work with, school committees); Social Development Workers look after basic needs such as housing clothing and food, and attempt to attend to the welfare of natives. Attempts are being made by the Yukon Native Brotherhood to have some say in the content of the school curriculum.

In 1977 a parenting class was offered by Family Counselling Services and a pilot project was conducted by the Department of Human Resources, Probation Services and the Mental Health Office. We were told that the 1978 programme will hopefully include Watson Lake, Faro and Mayo.

Probation Services, besides having 3 Probation Officers with general case loads in Whitehorse, has 3 Probation Officers involved with special programmes, one who works with the Whitehorse Correctional Centre, and one in both Watson Lake and Mayo. All these personnel deal with adults. Juvenile Probation has become the responsibility of the Department of Human Resources and we were told this is handled by 1 Social Worker on staff in that Department.

CHAPTER 2 - PART III

DISCUSSION ON PROGRAMME SUGGESTIONS

In the parts of the questionnaires left open for comments and suggestions by interviewees, we received a list of ideas that grew to 6 full-scrap pages. We put these suggestions into categories, and combined many of them into one thought. The result was a list of common comments, on programmes or services that would benefit Yukon children, as well as their thoughts on present services. This list has been broken into three main departmental concerns that have been used throughout this report - Educational, Medical and Social. We felt it important and valuable to include these comments, because these are what people around the Territory see as really needed. This section was purposely put following the part on Existing Services, to help indicate which programmes people feel are in need of expansion, and which programmes people do not even realize exist.

KEY TO THE FOLLOWING CHARTS

CODE	CATEGORY
A.	SOCIAL SERVICE PERSONNEL
B.	TEACHERS
C.	HEALTH PROFESSIONALS
D.	DOCTORS
E.	R.C.M.P.
F.	CLERGY
G.	INTERESTED PERSONS
H.	PARENTS

a) in the field of Education

i) Special Education

COMMENT MADE	PEOPLE QUOTED	TOTAL
<u>on existing programmes</u>		
- more qualified personnel, testing, and programmes	6A; 49B; 3C; 1D; 1E; 2G; 27H.	(89)
- early, and on-going testing	1B; 12H.	(13)
- better follow-up and record keeping, after assessments	3A; 22B; 2D; 3E; 6H.	(36)
- assessment and observation time should be longer, results sooner	2A; 3B; 3H.	(8)
- more emphasis on Reading programmes	1B; 1C; 3H.	(5)
- remedial tutors - for <u>all</u> grades	3A; 14B; 1C.	(18)
- more programmes for gifted children	1A; 1B.	(2)

i) Special Education cont'd

on new programmes

- Speech Therapist needed, perhaps 2,
and able to visit all communities 8A; 16B; 5C; 2D; 2F; 1G; 8H. (42)
- Educational Psychologist 2A; 6B; 2C; 1D; 1F; 6H. (18)
- Inservice on Identification and
Remediation of Problems 2A; 7B; 8H. (17)
- Post-elementary programmes for the
Mentally Retarded 4A; 4B; 1C. (9)

on pre-school programmes

- screening, and remediation program-
mes 7A; 17B; 4C; 3D; 8H. (39)
- readiness testing for school-entry
- especially for natives 1A; 5B; 1H. (7)
7B. (7)
- guidelines for pre-school program-
mes 2B. (2)

ii) Educational System

- allow children to progress at own
rate 2B; 2D; 4H. (8)
- system is geared to the "normal"
child, and is too rigid to accomo-
date problems 3A; 5B; 5H. (13)
14B; 7H. (21)
- need lower teacher/student ratio 2A; 2B; 1H. (5)
- mainstreaming is good, but teachers
require extra training to cope 2A. (2)
- educational programme needed at
Wolf Creek Youth Centre 4B. (4)
- need more resource people available
to teachers 5A; 3B; 2C; 3H. (13)
- need more guidance counsellors, and
need them in elementary grades 1A; 2B; 2G; 1H. (6)
- need more continuity of teaching
staff in rural areas 8H. (8)
- need better teacher training 2A; 5B; 1C; 6H. (14)
- improve passing-on of records to
subsequent teachers

iii) Curriculum

- need more kindergartens in rural
areas 2B. (2)
- need pre-vocational training 4A; 6B; 2C; 1G. (13)
- need expanded vocational training
and counselling, especially for
native youth 10A; 10B; 2C; 1D; 1E; 1F; 4H. (29)

A. Social Service Personnel
B. Teachers
C. Health Professionals
D. Doctors

E. R.C.M.P.
F. Clergy
G. Interested Persons
H. Parents

iii) Curriculum cont'd

- should not be B.C. curriculum, but should meet the needs of the north/natives 3A; 13B; 1C; 3D; 1F; 1H. (22)
- need emphasis on basics in early grades 6B; 1F; 1H. (8)
- need to expand the programme on affects of alcohol and drugs into schools 1C; 1D; 3E; 2H. (7)
- more life skills should be taught - also at elementary level 7A; 6B; 1C; 1D; 2F; 2G; 1H. (20)

iv) Native Concerns

- native youth have negative attitude towards education at present 8B; 1E; 1H. (10)
- native-based communities should have lower student/teacher ratios due to extra needs of native children 6B; 7H. (13)
- need native involvement in education planning and teaching 2A. (2)

b) in the field of Medical Services

COMMENT MADE

PEOPLE QUOTED

i) Concerning Public Health

- need expanded public health programmes - in home and school, - to teach health, hygiene, nutrition, and child care 3A; 1B; 4C; 1F. (9)

Whether expanded Public Health Programmes, extra medical services, or parental education (noted under d) General Concerns V) would affect the incidence of problems during pregnancy, or delivery, or early childhood, is debatable. However, there appeared to be a trend of thought among the interviewees that such increases would help immensely in these problem areas. From the Parent questionnaires, the following data is of interest here: (N = 98)

- 38% said there was family history of similar problems (as seen in their child)
- 32% said there was a possibility of some pre-natal or neo-natal problem or incident
- 24% said there was a possibility of an early childhood incident having effected the current problem in the child
- 23% said other children in the family have problems also.

A. Social Service Personnel
B. Teachers
C. Health Professionals
D. Doctors

E. R.C.M.P.
F. Clergy
G. Interested Persons
H. Parents

ii) Concerning Doctors

- need better communication between doctors 2C; 2D; 6H. (10)
- need reports to be made sooner following assessments (in and out of Territory) 1A; 9H. (10)
- doctor's tend to disregard the parent's view of problem and consider them over-anxious 9H. (9)
- need more medical services, especially rural areas 1D; 1G; 3H. (5)
- need a resident Pediatrician in the Yukon 1A; 1C; 3H. (5)

iii) Concerning Specialists

- need extra programmes for those with loss of sight and/or hearing 1A; 3B; 1C; 1D; 1H. (7)
- need good auditory testing facilities 1H. (1)
- need more Physiotherapy - including in schools, and other communities 2B; 1C. (3)
- need eye/hand co-ordination programmes 2H. (2)
- need a dietician for counselling for allergies and hyperactivity who can travel outside Whitehorse 2H. (2)
- need more psychiatric services, and a psychiatric hospital ward 1A; 1B; 2D. (4)
- need additional Mental Health personnel 1A; 2C; 3H. (6)
- need more frequent visits by Specialists (Doctors) to both Whitehorse and other communities 1A; 1B; 4C; 1G; 2H. (9)
- need Specialists to visit as a Team, to both Whitehorse and other communities 3A; 4B; 1C; 1G; 6H. (15)

iv) for Pre-schoolers

- need early audio-visual-speech testing and follow-up 2A; 3B; 4C; 1D; 1H. (11)

c) in the field of Social Services

COMMENT MADE

PEOPLE QUOTED

i) Concerning Personnel

- need additional social workers in outlying communities 2A; 1B; 1C; 1E; 1G. (6)

A. Social Service Personnel
 B. Teachers
 C. Health Professionals
 D. Doctors

E. R.C.M.P.
 F. Clergy
 G. Interested Persons
 H. Parents

- the Cross-Cultural Co-ordinators should be more active in child-oriented activities 3A. (3)
- need Native workers to teach nutrition, child care etc. 2A. (2)

ii) Concerning Programmes and Services

- need more probation services in outlying communities 1E. (1)
- need more teaching of social skills and self-worth, especially to native youth 3A; 1B. (4)
- need more Group Homes for native children in their own communities 2a: 1B; 1C; 2H. (6)
- the Rehabilitation Centre should include people under 16 years 1A; 4B; 1D; 1H. (7)
- need to expand child care services 1A; 3B. (4)
- need summer programmes and tutors and craft programmes for children with problems 3A; 5B; 1C; 1D; 1F; 4H. (15)
- need Big Brother and Sister programmes 1A; 1B. (2)
- need Parental Guidance, counselling and education programmes 10A; 15B; 3C; 4D; 2E; 1F; 1G; 13H. (49)
- need recreation programmes for handicapped youth with qualified staff 2A; 6B; 1D; 3H. (12)
- need a registry for child abuse 3A; 1C; 1E. (5)
- need alcohol counselling for school-age children 3E; 1H. (4)

iii) Major home problems that affect a child's development

- parental illiteracy 1G. (1)
- alcoholism in the home 1C; 1E; 5G; 1H. (8)
- lack of stimulation in the home 1A; 2B; 1D; 1E; 1F. (6)
- instability in the home 2B. (2)

iv) for Pre-schoolers

- assessments of children should be available at Day-Care Centres (i.e. resource people available to Day-Care Centres) 2B; 1C. (3)
- need Day-Care for handicapped children (with qualified staff) 2A; 2C; 1B. (5)
- need more nursery school/pre-school programmes 2A; 1B; 1C; 1D; 1E; 1F; 1H. (8)

A. Social Service Personnel
B. Teachers
C. Health Professionals
D. Doctors

E. R.C.M.P.
F. Clergy
G. Interested Persons
H. Parents

d) General Concerns

COMMENTS MADE	PEOPLE QUOTED
i) - need a centralized facility with a team of professionals for testing and remediation of any kind of handicap or problem	6A; 13B; 4C; 3D; 5H. (31)
ii) - need a Team Approach to visits to outlying communities for better co-ordination of a child's programme (this was noted in b) in the field of Medical Services, iii) Specialists)	3A; 4B; 1C; 1G; 6H. (15)
iii) - need for a central information source, on services available to everyone	2A; 3B; 5C; 7D; 1E; 1G; 3H. (22)
iv) - need better exchange of information among government departments, professionals, and parents on services, facilities, referrals etc.	12A; 23B; 9C; 2D; 7H. (53)
v) - need more parent and/or family involvement in programmes and decision-making about their children	3A; 2B; 3C; 3D; 9H. (20)
vi) - should avoid separation from family for education, treatment, etc. and a residence is necessary if a "Centre" is established	1A; 1B; 1C; 1E; 1F; 2H. (7)
vii) - need more financial assistance to parents for accomodation when travelling is involved for their child's programme	1C; 1H. (2)
viii) - need counselling for children about problem or handicap, and programme	1A; 5B; 6H. (12)

A. Social Service Personnel
 B. Teachers
 C. Health Professionals
 D. Doctors

E. R.C.M.P.
 F. Clergy
 G. Interested Persons
 H. Parents

The whole issue of going "outside" for treatment or care was one of the major factors that prompted this survey. Members of the Yukon Association for Children with Learning Disabilities frequently received phone calls and visits from distraught parents who have recently been outside with their son or daughter for assessment or treatment, and who feel exhausted and frustrated by the experience.

Another aspect of this issue is the loss of whole families to the Yukon in cases where they move away permanently in order to secure adequate and appropriate care for their children. The decision to make such a move is usually upsetting to the family as they may have well-formed roots or bonds in the Territory. It can cause marriage break-ups, loss of income, and family "grudges", when part of the family is sacrificed for the benefit of another. However, we are aware of many parents, who for the sake of their children, have moved "outside".

The Yukon Territorial Government should have a vested interest in attracting people to the Territory, and encouraging them to be permanent residents. Considering this, the lack of services for children with special needs would appear to be a definite disadvantage.

a) One of the first problems to be faced is financial. When a child is required to go to Edmonton or Vancouver to some facility there, an escort, (usually one of the parents), is also required. Similarly, a child coming to Whitehorse for services from one of the other communities, needs a parent, or escort, to travel with him. If the travel is due to Medical reasons, the patient's expenses are covered as far as: a) bus fare to Whitehorse, return, or plane fare outside, return, and b) Medications, Doctors' bills and hospital expenses; but accommodation, if he has to stay overnight while he is awaiting his appointments etc., are not paid for. The escort or parent is allowed transportation expenses, and the first night's accommodation and one breakfast if the trip is to somewhere outside the Territory. However, for a parent travelling from one community to another within the Territory for services, only transportation costs are covered.

Our understanding from personnel in the Department of Human Resources is that the Ward system allows the Department to pay 100% of the costs in placing children in special homes or facilities outside and inside the Territory. This means, if a child is a Permanent Ward of the Director, the Department covers all his expenses. If a child is a Temporary Ward, an agreement is reached between the parents and the Department on the sharing of expenses, but the Department can, and often does, pay 100% of the costs here too. Occasionally a child is considered a non-ward, and in this case the parents are responsible for the child's expenses, but the Department can contribute if it sees fit. These arrangements apply for children who are in group homes in a part of the Territory away from their home-town, as well as for children who are in special placements outside of the Territory.

The Department of Education had sent a number of children to schools outside whose special needs could not be accommodated in the Territory, and these children's expenses are paid by that Department except for a sum of \$55.00 per month which is the responsibility of the parents.

In most cases then, if the types of service or personnel required are not available near to home, the family is looking at a financial outlay that most Canadians south of the 60th parallel need not consider.

b) The second problem to cope with is the emotional stress involved. To adjust to illness is difficult even in the best of circumstances - but if a child's family is far away, unable to visit him in hospital, or encourage him when he feels depressed, then the emotional strain is very great. If one parent is with the child during treatment "outside", that parent can offer the child some of the family's support. However the parent himself is no doubt under stress in trying to deal with worry and anxiety about the child, and the procedures being conducted. When assessments are done "outside" on children, the results can be surprising, or discouraging, or even overwhelming. It was mentioned too, that they are often inaccurate or incomplete, because the child is either upset or contrarily, on his best behaviour while away from home. Often, instructions are given to the parent regarding a programme of care that is to be followed once the child returns home. This can cause frustrations that add to already strained emotions, if it is known that the programme or personnel recommended are not available at home. (The majority of people that we spoke to are involved with children in a long-term remedial sense. It should be stressed then, that people's dissatisfaction concerning travel outside is regarding non-emergency type treatment.)

This same set of circumstances can happen within the Territory as well, if children have to come to Whitehorse for a specific service. They are also separated from their family while facing serious problems, and are then sent home where few facilities exist to carry out a remedial or rehabilitative programme.

c) Thirdly, communications appear to be the root of many problems experienced by parents. When communications are poor, confusion regarding dates to arrive at places, arrangements of appointments, and where one is to stay can result. It can cause frustration to the child and the parent when details of treatment or surgery are misunderstood, or never given, and when the doctor is difficult to track down or question fully. Many difficulties arise when letters are not sent, are not received, or are slow in materializing, so that information from personnel "outside" reaches home-town personnel long after the child. When this happens, the chance for adequate follow-up diminishes greatly.

d) The question of follow-up programmes was discussed over and over again when we were interviewing parents. It seems very unfair to say that no facility in the Yukon is capable of carrying out the programmes prescribed by professionals after a child has been assessed outside, but that certainly seems to be what most parents feel. To quote a specific case, a mother of a 5-year-old mentally-retarded Whitehorse child reported that she started taking him to Vancouver for assessments when he was 2 years old. For two years the people in Vancouver doing the testing said he should be in a pre-school programme to help with his speech, his social development and his motor co-ordination. He was in Vancouver 4 times in that period and his mother went through two years of trying to teach her son herself because there was no programme here for him to enter. Now, as a 5-year-old, he has finally entered a pre-school programme in Whitehorse, due to persistent arguments by the mother that such a programme was really needed.

The questionnaire included sections on "trips outside", to be answered by both parents and professionals. Of 40 parents who answered YES to the question "Have you ever taken your child "outside" for services?":

(N = 49)

45% had gone ONCE

15% had gone TWICE

and 40% had gone THREE or more times.

The parents were asked what the results of the trips outside were, in the light of benefit derived by the children. The responses were: (N = 49)

no change,	- 22%
improved with treatment outside	- 44%
improved with follow-up care in the Yukon	- 20%
had no follow-up	- 14%

The questionnaire for Professionals asked if they knew how many children of the ones enumerated had been outside for services. Out of the 835 children discussed by professionals, only 89 were known by the interviewees to have been outside: (N = 89)

42% had gone out ONCE
10% had gone out TWICE
48% had gone THREE or more times.

Out of a possible 114 results from these trips, we were told that:

6% of the children were diagnosed only
6% of the children had no change
45% of the children improved with treatment outside
26% of the children improved with follow-up care in the Yukon
17% had no follow-up.

Taking some of these figures a bit further will help us make an important point. From the parents' reports, 22% had no change and 14% had no follow-up. These percentages represent 17 children out of 49. From the professionals' reports, 6% were diagnosed only, 6% had no change, and 17% had no follow-up. These percentages represent 33 children out of 114. Putting the two interviewee groups together, 50 children out of 163 (31%) received only negligible benefits from their trip outside, but probably experienced many of the difficulties and stress that were described earlier in this section.

e) The matter of expenses involved with sending people away from their home area for treatment has been discussed from the family and child's point of view. We think it can be said that expenses to the individual can be great, whether one has to go to Whitehorse from Old Crow, both in the Yukon, or to Vancouver, B.C. from Whitehorse, Yukon. However the expenses incurred by the Government of the Yukon Territory for services rise considerably when people have to leave the Territory to obtain them. The information we were able to collect on the costs incurred by the various government departments responsible is described below.

- i) A spokesman for the Department of Education told us that 4 children from the Territory were in special school programmes in other parts of Canada, and that it cost the Department approximately \$40,000.00 per year for these placements.
- ii) On contacting the Department of Health & Human Resources, we asked for figures on both Medical and Social aspects of care outside the Territory. Human Resources were able to tell us that 10 children are maintained by them in various facilities throughout Saskatchewan, Alberta and British Columbia. The specific costs for each child, in each different place, and for each special programme were given to us. If all of the 10 children stay in their placements for 1 year, the cost is approximately \$145,000.00.
- iii) Figures on costs relating to the Department of Health were more difficult to ascertain. From the Annual Report for the year ended March 31/77, of the Yukon Health Care Insurance Plan, we calculated an approximate figure of \$48,000.00 for that year spent on claims for services rendered outside the Territory to children under the

age of 19. (See Appendix for calculation details.)

The total of the above estimates is \$233,000.00 for one year.

It should be noted that to our knowledge, none of the figures mentioned regarding any department include amounts paid for the transportation of children or escorts to and from the communities outside, but are just in payment of services recieved.



PART I. FINAL SUMMARY

A. DATA

The data collected on children in the Territory with problems or handicaps indicated:

937 children in TOTAL

of these, 367 are in Whitehorse;

- 55 pre-schoolers
- 312 school-age

and, 570 in the other communities;

- 63 pre-schoolers
- 507 school-age.

According to school populations of the various communities, Whitehorse has 2/3 of the total school-age children, but only 1/3 of the number of school-age children with problems.

There was no base figure available for the number of pre-school children in the Territory, but 53% or just over 1/2, of the pre-school children counted in this survey live outside of Whitehorse.

According to Categories of Handicaps as defined in Chapter 1, the following numbers of children apply:

Physical Handicaps	(17%)
95 - Whitehorse	
134 - Rural	
<u>229</u>	TOTAL

Mentally Retarded	(7%)
35 - Whitehorse	
22 - Rural	
<u>57</u>	TOTAL

Emotionally Disturbed and Behavioural Problems	(23%)
112 - Whitehorse	
191 - Rural	
<u>303</u>	TOTAL

Learning Disabled and Slow Learners	(29%)
140 - Whitehorse	
245 - Rural	
<u>385</u>	TOTAL

Delay in Language Functions Development	(12%)
65 - Whitehorse	
95 - Rural	
<u>160</u>	TOTAL

Delay in Social Functions Development	(12%)
48 - Whitehorse	
115 - Rural	
<u>163</u>	TOTAL

The major problem areas found in Pre-school children are:

Physical Handicaps	(67%)
and Developmental Delays	(31%)

For School-age children, the largest concerns are:

Learning Problems	(46%)
Developmental Delays	(34%)
and Emotional/Behavioural Problems	(34%)

42% of the problems occur in Whitehorse.
58% occur in the outlying areas.

Considering the excess of problems identified compared to the number of children enumerated, it is obvious that many children have more than one type of problem. The figures average out to show that each child has 1.35 problems. It could be assumed then that most children require the services of more than one type of professional.

The majority of interviewees felt the facilities in the Yukon were, in general, inadequate to meet the needs of children here.

The kinds of programmes, or types of assistance, that children are presently receiving are: (in descending order of use)

- a) at home, by the parent
- b) in a Special Education Programme
- c) in a Social Welfare Programme
- d) by visiting medical Specialists
- e) by remedial tutors
- f) by regular classroom teachers
- g) by the family doctor
- h) by Public Health Nurses
- i) by the Psychologist
- j) by R.C.M.P. or Corrections Officers
- k) by Physiotherapists
- l) in native programmes
- m) in day-care centres.

Only 21% of the parents said the assistance their child received was very beneficial. 29% said it was somewhat helpful. 47% of the professionals said most of these children needed additional programmes. 35% of the parents said communication among professionals was either poor or non-existent, in relation to their child's programme. A need for more co-ordination of various aspects of a child's programme through improved communications was repeatedly expressed.

80% of the parents interviewed wanted to participate in their child's programme. The parents also stated that most professionals dealing with their child have not tried to include them in the programme.

Professionals were generally in favour of the programme suggestions made to them by us on the questionnaire. Their response was as follows:

- 67% in favour of a Registry of High-Risk Infants
- 75% in favour of early identification and intervention programmes
- 70% in favour of Pre-school programmes for handicapped children
- 77% in favour of Parental involvement in children's programmes
- 69% in favour of use of Volunteers in programmes

Vocational counselling and training was a major topic of discussion in many interviews, and was suggested by many people as a programme badly needed within the Territory. 54% of the professionals said that the Vocational Potential of the children they knew would improve if there were additional programmes available to them.

B. SERVICES

Of the services currently provided under Health, Human Resources, and Education, only Education is geared totally toward children. Other child-orientated programmes are: a) Human Resources - two people on staff in Whitehorse whose major work areas are adolescents, b) Health Services - a visit by a Pediatrician to Whitehorse every three months, c) Public Health - immunization of infants and school children, and testing of hearing and vision at school. Apart from these, however, children's programmes are fitted in with all the other programmes needed by all the other people in the Territory from the various professionals available.

Programme Suggestions by Interviewees.

The most frequently repeated ideas on programmes, services or personnel were as follows (in descending order of popularity; the percentages represent the number of interviewees who made the comment):

1. more qualified Special Education Personnel, testing and programmes, and follow-up.	32%
2. better communication between Professionals and Departments.	19%
3. more Specialists' services are required (audio-visual, Physiotherapy, Dietician, Psychiatry - in Whitehorse and rural areas).	17%
4. Parent Education, Guidance, Counselling	17%
5. Speech Therapist	15%
6. Pre-school screening and remediation	14%
7. better follow-up after assessments	13%
8. Central facility, with team of professionals for testing and remediation	10%
9. expanded vocational training and counselling	10%
10. more use of television in educational services	
11. change school curriculum to suit North	8%
12. lower teacher/student ratios	7%
13. more life-skills taught - including in elementary grades	7%
14. Parent/family involvement in programmes	7%
15. Remedial tutors for all grades	6%
16. Educational Psychologist	6%

Working within the present framework of facilities, services, and personnel necessitates travel to centres outside of the Territory for many people each year. Considering that our closest large and well-equipped centres are Edmonton and Vancouver, and both are approximately 1500 miles from Whitehorse, trips are time-consuming, expensive, and disruptive.

Of the children who have been "outside" for services of some type

a) their parents reported that:

- 22% showed no change
- 42% improved with treatment outside
- 20% improved with follow-up in Yukon
- 14% had no follow-up

b) the professionals dealing with them said that:

- 6% were diagnosed only
- 6% had no change
- 45% improved with treatment outside
- 26% improved with follow-up in Yukon
- 17% had no follow-up

As mentioned in Chapter 2 an estimated 31% then had little or no benefit as a result of their trip "outside". The general feeling expressed throughout the survey was that the negative aspects of travelling outside for services (expense, emotional stress, communication problems, and lack of follow-up) outweigh the positive ones, except in cases of life-and-death procedures. Most people wanted to see more services within the Territory in order to decrease the need for trips, and to relieve families of the dilemma of deciding to permanently move out of the Yukon in order to find adequate care for their special child.

The estimated cost calculated from the information received from various government departments is \$233,00.00 per year to maintain the policy of caring for Yukoners in other parts of Canada.

All the data and information presented in this Report is taken directly from the responses to the questionnaires as recorded during interviews for this survey. From this information the following conclusions have been drawn:

- A. There is a large number of children in the Yukon who have handicaps or problems, and whose needs are not being fully met within the Territory.
- B. The majority of facilities that currently exist within the Territory do not adequately meet the needs of the special children of the Yukon.
- C. To meet the needs of Yukon children, there must be an expansion of most of the present services, as well as the addition of new services.

The Recommendations flowing out of these conclusions are numerous, and span a wide range of concerns. However, two major areas to be described are the Expansion of Existing Programmes and the Development of New Programmes.

RECOMMENDATIONS CONCERNING EXPANSIONS OF EXISTING PROGRAMMES

A. Personnel:

- 1) That teachers working in Special Education Programmes be qualified in that field, and that more Special Education classes be provided.
- 2) That the position of Educational Psychologist be filled.
- 3) That remedial tutors be available at all grade levels.
- 4) That the position of Speech Therapist be filled, and a second Therapist be hired, for service to all Yukon communities.
- 5) That the teacher:student ratio be lowered and additional teachers be hired.
- 6) That a teacher be included on staff at the Youth Services Centre at Wolf Creek in order to provide an educational programme there.
- 7) That guidance counsellors be involved in elementary schools to work with children, teachers, and parents.
- 8) That teachers' training include compulsory courses on Special Education at the under-graduate level.

- 9) That more personnel be hired in the field of Public and Mental Health both for Whitehorse and the outlying communities.
- 10) That a Pediatrician become a resident of the Territory and a permanent part of the Medical personnel here.
- 11) That Physiotherapy and Occupational Therapy staff be increased to serve the schools, and the outlying communities.
- 12) That a Dietician be hired who would travel throughout the Territory counselling families on nutrition, and diet control of various conditions such as allergies and hyperactivity.
- 13) That the Specialists who visit Whitehorse from "outside", do so more frequently.
- 14) That more qualified Social Workers be hired to serve the outlying communities.

B. Programmes:

- 1) That routine follow-up programmes be established after educational assessments, including on-going re-evaluation of each child.
- 2) That inservice training programmes on identification and remediation of learning problems be established for school personnel.
- 3) That more programmes in Life-Skills and Pre-Vocational training and counselling, be provided.
- 4) That the curriculum used in Yukon schools be changed to suit the needs of the North including Native cultural concerns.
- 5) That more adequate testing of hearing be made available by the provision of a sound-proof area and qualified personnel.
- 6) That more adequate treatment programmes be provided for those with hearing or visual loss.
- 7) That the Rehabilitation Centre should include persons under the age of 16.
- 8) That summer camps and recreational programmes be expanded to include handicapped children with qualified personnel on staff.
- 9) That parent involvement in their child's programmes, and in decision-making concerning those programmes, be encouraged by professionals.
- 10) That a policy should be adopted by all departments concerned, that whenever possible, separation from family in order to educate or treat a child be avoided.

- 11) That the focus of special services be turned toward the Yukon instead of the "outside".

C. Communications:

- 1) That more complete records be kept in the schools on the history of each child, and that these records be routinely given to each new teacher involved with that child.
- 2) That channels of communication be opened that will facilitate easy and quick exchanges of information between:
 - Doctors in the Yukon and outside
 - Professionals inside and outside of Whitehorse
 - government departments
 - Teachers and the Department of Education

RECOMMENDATIONS CONCERNING THE DEVELOPMENT OF NEW PROGRAMMES

- 1) That a Central Facility be established within the Territory which would be staffed by an appropriate team of professionals in order to provide testing and treatment for children.
- 2) That a team of Specialists be available to travel throughout the Territory and provide a co-ordinated treatment programme for children.
- 3) That a Registry of High-Risk Infants be established and followed.
- 4) That a Registry of Child-Abuse be established.
- 5) That programmes for Parental guidance, counselling and education be established.
- 6) That qualified resource people be available to Day-Care Centres for assessments of children as needed.
- 7) That Day-Care for handicapped pre-school children be made available.
- 8) That a Central Source be established which would supply information on available services.
- 9) That pre-school screening programmes be established in medical and educational fields.
- 10) That pre-school programmes for handicapped children be established which include testing and remediation.

FEASIBILITY .

The Yukon Association for Children with Learning Disabilities in its consideration of the demonstrated need for a Children's Centre informally investigated the feasibility of establishing such a Centre in the Territory.

In relation to comments made by two of the respondents, that the population of the Yukon could not support additional services, we would like to describe the facilities at Fort St. John, B.C. This area was visited by the Association's president in January of 1978 in order to understand what type of programmes could reasonably be established in a town of similar size to Whitehorse. The population of both cities are almost the same. Both communities provide service to outlying areas. The major difference is that Ft. St. John is closer to other major centres than Whitehorse is; but ironically, they have a Children's Development Centre, and we do not.

The type of Centre being discussed here is one which would have both pre-school and school-age programmes. It would have a team of professionals on staff (for example, a Speech Therapist and Audiologist, a Physical and Occupational Therapist, a Special Teacher and perhaps a Mental Health Nurse) and as well, have consultant specialists available (for example, a Doctor, or Pediatrician, and a Psychologist). It would function as a diagnostic and treatment centre and so be well equipped with testing facilities. Ideally, it would have a branch of its staff that could travel to all other parts of the Territory in order to assess and assist children within their home environment.

If it was situated in Whitehorse there are a number of buildings currently available in which such a programme could be run.

The Ft. St. John Centre currently has 30 children participating daily in its various programmes, and rents space from a local church as its operational base. A similar set up is quite feasible here.

The staffing requirements, the equipment, and the space to work out of are all solved by adequate funding. When funding sources are found, then the Centre will be a reality. The only part left out of this discussion on "what's needed for the Centre" is the children - and as we now know, they are present by the thousand!

PROBLEMS FOUND - FOR WHOLE TERRITORY

TYPE OF PROBLEM	PRE-SCHOOL	SCHOOL-AGE
Physical		
Allergies	1	5
Amputees		5
Asthma	1	1
Ataxia		1
Blind, or visual loss	1	12
Bronchial condition	1	
burns		4
Celiac Disease (intestinal)		2
Cerebral Palsy	15	4
Cleft Palate - Hair Lip	3	1
Congenital Dislocated Hip	2	1
Congenital Heart Defect	2	2
Cretin Dwarf	1	
Cystic Fibrosis	1	
Deaf or Hearing Loss	7	36
Deformities	2	3
Delay in Motor Development	12	35
Diabetes		1
Fetal Alcohol Syndrome	23	21
Hydrocephaly	1	
Hypothyroid		1
Epilepsy	7	6
Kidney Disease		1
Partial Paralysis	1	1
Pituitary Dwarf		3
Obesity		1
T. B.		1
Tremors		1
Mentally Retarded	11	45
Emotionally Disturbed and Behaviour Problems	15	247
Hyperactive	5	25
Alcohol Abuse		10
Autism		1
Learning Disabled and Slow Learners	8	377
Developmental Delay		
in Language Functions	28	132
in Social Functions	11	152

APPENDIX

DISTRIBUTION OF PERSONS INTERVIEWED

CATEGORY	IN WHITEHORSE	OUTSIDE WHITEHORSE	TOTAL FOR TERRITORY
A. Social Service Personnel	15	22	37
B. Teaching Personnel	33	62	95
C. Health Professionals	8	12	20
D. Doctors	11	4	15
E. R.C.M.P.	1	4	5
F. Clergy	4	-	4
G. Interested Persons	1	7	8
TOTAL PROFESSIONALS	73	111	184
H. Parents	69	29	98
TOTAL	142	140	282

APPENDIX

CALCULATIONS OF EXPENSES FOR 0 - 19 YEARS OF AGE PAID BY YUKON HEALTH CARE PLAN FOR OUTSIDE-OF-TERRITORY SERVICES.

From the Annual Report of the Yukon Health Care Plan for April /76 to March /77.

a) Chart "DISTRIBUTION OF PAYMENTS"

shows that \$263,223.00 was paid for "out-of-Territory" services (adults and children)

b) Chart "PERCENTAGE DISTRIBUTION OF AGE AND SEX OF POPULATION, PAYMENTS AND SERVICES"

shows that 18.2% of the payments made, (in and out-of-Territory) were for boys and girls under 19 years of age.

THEREFORE:

18.2% of \$263,223.00 = \$47,906.59 *
and represents the amount paid for persons 0 - 19 years of age who received services outside of the Territory.

- * This figure is not a true accounting as this method of calculation is over-simplified. The figures available to us from the Annual Report do not show enough detail to allow an exact computation of expenses for children's services outside the Territory.

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Yukon children
with disabilities.

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